## Fairfax County Sheriff's Office Evidence/Property Storage Report and Receipt

Bag No:			Item No:			
Investigating			Date/Time of			
Deputy:		_	Recovery:			
Suspect/Victim:						
Description:						
Sealed By:			Date/Time:			
Supervisor:						
Type of Property:	{}	Evidence	VCIN/NCIC Checked:	YES	NO	
Type of freperty.	{}	Recovered	On What Date?			
	{}	Lost & Found				
	{}	Safekeeping				
	Thain (	of Custody Contin	and from Original Evidana	n Dag		
Received From:	<u> </u>	of Custody Contin	nued from Original Evidence	z Dag		
By:			Date/Time:			
Received From:						
By:			Date/Time:			
Received From:						
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By:			Date/Time:			
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Bv <sup>.</sup>			Date/Time:			